**Fremont Football Team Camp**



**Dates: June 5th, June 6th, and June 8th  (Monday, Tuesday, and Thursday, with Friday as a rain day)**

**Time: 9:00 a.m. – 11:00 p.m.**

**Grades: 9th (2017 – 2018 School Year)**

**Cost: $20 per player, May 19th registration deadline with full payment**

**Director: Seth McClain – Head Football Coach Fremont High School**

All participants must have a signed waiver of liability from their parents/guardian. Waiver of liability is at the bottom of the page.

Location: Fremont High School Practice Fields

Equipment: Helmets, practice jerseys, and cleats

Camp Includes: Individual instruction, technique, group sessions, and team practice.

Questions: Call Seth McClain at 402-850-4030

Fill out the form and return it with a $20.00 check payable to: (Due May 19th)

 Fremont Public Schools/ Seth McClain

 1908 Gaeth Ave

 Fremont, NE 68025

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Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade(2017-2018) \_\_\_\_\_\_ Age \_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has permission to participate in the Fremont Football Team Camp. I certify that my child has been examined by a doctor during the past year, is cleared for playing football, and is covered by our family health insurance policy. If injured, I give permission to a doctor/trainer to perform appropriate treatment. I hereby release Fremont Public High School, or the Camp and staff from all claims resulting in any injuries which may be sustained by my child.